Division of TennCare

Health Care Innovation Initiative

Executive Summary

Acute Gastroenteritis Episode

Corresponds with DBR and Configuration file V1.0

Updated: June 8, 2018

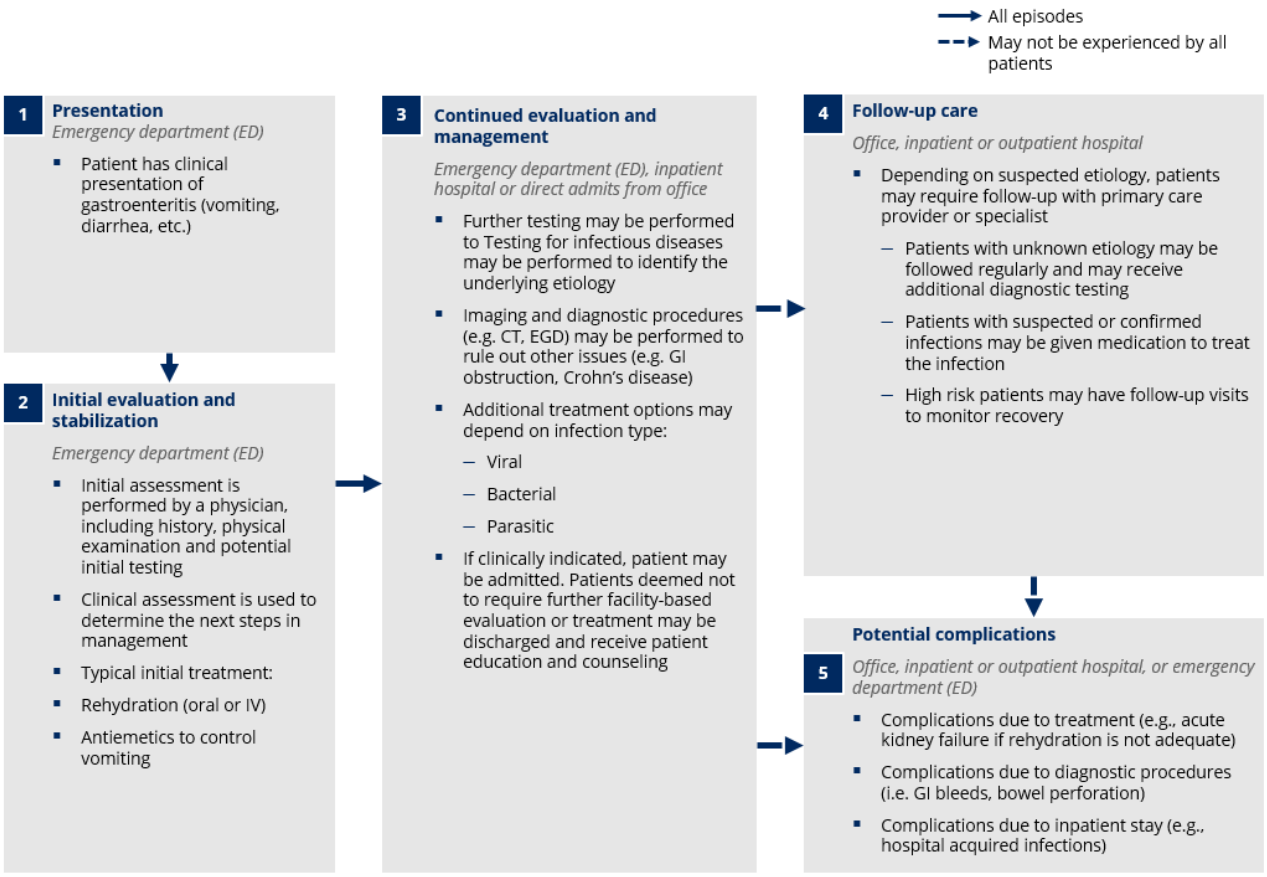
OVERVIEW OF AN ACUTE GASTROENTERITIS EPISODE

The acute gastroenteritis episode revolves around patients who are cared for in an inpatient, observation, or emergency department (ED) setting for acute gastroenteritis. The trigger event is an inpatient admission, observation stay, or ED visit for acute gastroenteritis. All related care – such as imaging and testing, surgical and medical procedures, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the facility where the ED visit, observation stay, or inpatient admission took place. The acute gastroenteritis episode begins with the inpatient admission, observation stay, or ED visit and ends 30 days after discharge.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an acute gastroenteritis episode to improve the quality and cost of care. Important sources of value include choosing the most appropriate imaging and testing, choosing an appropriate length of stay in the hospital, selecting the most appropriate type of treatment to address the underlying cause, and selecting the most appropriate post-acute setting of care. Other important sources of value include ensuring appropriate utilization of antibiotics when indicated and providing patient education or timely follow-up when appropriate to decrease the likelihood of post-discharge readmissions or ED visits.

Illustrative Patient Journey



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Potential Sources of Value

ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the acute gastroenteritis episode, the quarterback is the facility where the ED visit, observation stay, or inpatient admission took place. The contracting entity or tax identification number of the facility where the acute gastroenteritis was treated will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to acute gastroenteritis in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The acute gastroenteritis episode has no pre-trigger window. During the trigger window, all services and specific medications are included. The post-trigger window includes care for specific diagnoses, specific imaging and testing, specific medications, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to an acute gastroenteritis episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the acute gastroenteritis episode include patients with active cancer management, inflammatory bowel disease, short bowel syndrome, genetic immunodeficiency, or end-stage renal disease. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more

complicated patients. Examples of patient factors likely be included in the risk adjustment of an acute gastroenteritis episode include gastrointestinal hemorrhage, diverticulitis, and diverticulosis. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the acute gastroenteritis episode are:

- **Abdominal or pelvic CT or MRI in adults:** Percentage of valid episodes for patients older than 17 with abdominal or pelvic CT scans or MRIs during the episode window (lower rate indicative of better performance)
- **Abdominal or pelvic CT or MRI in children:** Percentage of valid episodes for patients 17 years or younger with abdominal or pelvic CT scans or MRI during the episode window (lower rate indicative of better performance)
- **Antibiotics utilization:** Percentage of valid episodes without a documented bacterial infection and with an antibiotic prescription during the episode window (lower rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Difference in average MED[1]/day:** Difference in average MED/day during the 1-30 days prior to the trigger window and average MED/day during the post-trigger window, across valid episodes (lower value indicative of better performance)

[1] Morphine equivalent dose

- **Average MED/day during the pre-trigger opioid window:** Average MED/day during the 1-30 days prior to the trigger window, across valid episodes (value not indicative of performance)
- **Average MED/day during the post-trigger opioid window:** Average MED/day during the post-trigger window, across valid episodes (value not indicative of performance)
- **Complications:** Percentage of valid episodes with complications during the post-trigger window (lower rate indicative of better performance)
- **Related admission:** Percentage of valid episodes with a related admission during the post-trigger window (lower rate indicative of better performance)
- **Related ED visit:** Percentage of valid episodes with a related ED visit during the post-trigger window (lower rate indicative of better performance)
- **Stool culture in adults:** Percentage of valid episodes for patients older than 17 with stool cultures during the episode window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.